

003

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. 338
Registered No. 535

1. PLACE OF DEATH
County Pima State ARIZONA
Township _____ or Village _____
City Tucson No. Small Dairy St. _____ Ward _____
(If death occurred in a hospital or institution, give its Name instead of street and number)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 1 yrs. 0 mos. 0 ds.
2. FULL NAME Nolan B. Basham How long in State when death occurred? 1 yrs. 0 mos. 0 ds.
(a) Residence: No. Base Grand Highway St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) married
6a. If married, widowed, or divorced
HUSBAND of Rena O. Basham
(or) WIFE of
6. DATE OF BIRTH (month, day, and year) Mar 5-1914
7. AGE Years 25 Months 4 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clark
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Van Buren (State or Country) Ark.

13. NAME Sol Basham

14. BIRTHPLACE (city or town) Ark. (State or Country)

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) Ark. (State or Country)

17. INFORMANT Rena Basham (Address) Tucson Ariz.

18. BURIAL, CREMATION, OR REMOVAL Place Wetherford Ark. Date July 11-1939

19. EMBALMER License No. 208 Signature John F. Reilly Jr.

FUNERAL DIRECTOR Reilly Undertaking Co Address Tucson Ariz.

20. Filed 7-10- 1939 L. H. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 9-1939

22. I HEREBY CERTIFY, That I attended deceased from July 9 1939, to July 9 1939

I last saw him alive on 7/7/39; death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Accidental due to electric meat current 7/9/39

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 7/9 1939

Where did injury occur Pima Co. Ariz. (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury electrically spray

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) M. D.